


**Natural Disaster Claim for Refund
of State Sales Taxes Paid**

Return completed form to:
Post Processing Services Division
P.O. Box 91138
Baton Rouge, LA 70821-9138

Please print or type.

Taxpayer Name	
Social Security Number	Spouse's Social Security Number
Mailing address	
Please mark here if the above address is temporary <input type="checkbox"/>	Telephone Number
Resident of Louisiana since (MM/YYYY)	E-mail Address
Location where property was destroyed.	
Street	
City, Parish	

The above individual, being duly sworn, deposes and says that the following statement is true and correct, that he is entitled to the refund requested, and that he is not delinquent with the State of Louisiana in the payment of any other state taxes.

Nature of disaster _____ Date of disaster _____

Amount requested to be refunded \$ _____

Sales Tax Refund Schedule – Disaster Loss of Tangible Personal Property, Form R-1362S, or a schedule detailing this computation must be attached to this claim form.

This refund is claimed for the following reason:

The property described on the schedule was destroyed by natural disaster in a "natural disaster area" so declared by the President of the United States. I hereby certify:

- that the destroyed property was held for personal use at my residence, was not owned by a business, partnership, or corporation, and was not otherwise used by any person for commercial purposes;
- that the property was movable, both at the time of its acquisition and at the time of its destruction;
- that I actually paid the Louisiana state sales/use tax on my acquisition of the destroyed property in the amounts now requested to be refunded, and that the property was not acquired by gift, by importation from outside the state, or otherwise without payment by me of the Louisiana sales/use tax; and,
- that no part of this loss has been or is expected to be reimbursed by insurance, or otherwise, except as indicated.

Filing or submitting false information or false representation on these refund claims may result in jail time of 5 years and/or fines up to \$5,000 under LSA-R.S.14:133.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ day of _____, _____
year

Taxpayer Signature	Print Name	
Signature of paid preparer other than taxpayer	Print Name	Telephone number of paid preparer
Notary Signature	Print Name	Notary Number